REQUEST FOR COUNCIL ACTION

Date: June 5, 2023
Item No.: 10.c

Department Approval

City Manager Approval

Item Description: Approve 1 Tetrahydrocannabinol (THC) License, and 1 Massage Therapy Establishment License

BACKGROUND

Chapter 3 of the City Code requires all applications for business and other licenses to be submitted to the City Council for approval. The following applications are submitted for consideration:

Tetrahydrocannabinol (THC) Products License

Lustrous Spirits, Inc. dba MGM Wine and Spirits
1149 Larpenteur Ave. W
Roseville, MN 55113

Kelly Hajjali co-owner of Lustrous Spirits, Inc. dba MGM Wine and Spirits has submitted application materials for a Tetrahydrocannabinol (THC) License. Chapter 316 of the City Code permits a maximum of 8 Tetrahydrocannabinol Products Licenses within the city. If approved, the total number of THC licenses issued will be 7.

On May 30, 2023, the Omnibus Cannabis bill was signed into law, making changes to the state's laws around THC edibles. Effective May 31, 2023, low potency THC edibles can be sold at all liquor stores.

Massage Therapy Establishment

Robert Tessman
2201 Lexington Ave N.
Roseville, MN 55113

POLICY OBJECTIVE

Required by City Code

BUDGET IMPLICATIONS

The revenue that is generated from the license fees is used to offset the cost of police compliance checks, background investigations, enforcement of liquor laws, and license administration.

RACIAL EQUITY IMPACT SUMMARY

NA

STAFF RECOMMENDATION

Staff has reviewed the application(s) and has determined that the applicant(s) meet all City requirements. Staff recommends approval of the license(s), subject to successful background investigation(s).

REQUESTED COUNCIL ACTION

Motion to approve THC License for Lustrous Spirits, Inc. dba MGM Wine and Spirits, and Massage Therapy Establishment License for Robert Tessman subject to a successful background investigation.

Prepared by: Katie Bruno, Deputy City Clerk

Attachments: A: Lustrous Spirits, Inc. dba MGM Wine and Spirits - Retail THC license Application
B: Robert Tessman – Massage Therapy Establishment Application

ROSEVILLE

Administration Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7023

Tetrahydrocannabinol (THC) Retail Application

Business Name LUSTROUS SPIRITS, INC., dba MGM WINE AND SPIRITS

Business Address 1149 LARPENTEUR AVE W, ROSEVILLE, MN 55113

Business Phone 651-488-6685

Email Address JOEHAJJALI@GMAIL.COM

Business Owner:

Name KELLY HAJJALI

Address [redacted]

Phone

Email

Person to Contact concerning Business License *(if different from above.)*:

Name JOE HAJJALI

Address [redacted]

Phone

Email

I hereby apply for the following license beginning 5/30/2023, and ending December 31, 2023, in the City of Roseville, County of Ramsey, State of Minnesota.

License Required	Fee
*Tetrahydrocannabinol (THC) Retailer	$300.00
Background Investigation Fee (first time applicant)	$300.00

*Tetrahydrocannabinol (THC) Retail Establishment is defined as an establishment which:

a. Prohibits persons under 21 years of age from entering the establishment at all times.
b. Posts conspicuous written notice of such age retraction at all entrances to the establishment.
c. Meets all of the following building or structural criteria:
   i. Shares no wall with, and has no part of their structure adjoined to any other business or retailer, unless the wall is permanent, completely opaque, and without doors, windows, and pass-throughs to the other business or retailer; and
   ii. Is accessible by the public only by an exterior door.

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data will constitute public record if and when the license is granted. Our intended use of the information is to annually update our records. If you refuse to supply the information, the license application may not be processed.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulation as the Council of the City of Roseville may from time to time prescribe, including Minnesota Statue §151.72

Signature _____

Date MAY 30, 2023

If completed license should be mailed somewhere other than the business address, please advise.

ROSEVILLE

Administration Department, License Division 2660 Civic Center Drive, Roseville, MN 55113 (651) 792–7023

Massage Therapy Establishment Renewal License Application Part I

Type of applicant (Select only one)

☐ Individual, you own the business and have employees

☒ Sole Proprietorship, you own the business, and you are the only employee

☐ Partnership ☐ Corporation ☐ Other Organization

Legal Name of Licensee: Robert Tessman

Business Name (dba) _____

Business Address 2201 Lexington Ave. N Roseville MN

Business Phone 612-481-9656

Email Address [redacted]

MN Tax ID [redacted] Federal Tax ID [redacted]

Proof of Minnesota Tax Identification form

Applicant's Social Security Number [redacted]

Proof of Worker's Compensation Insurance:

Insurance Company Name _____ Dates of Coverage _____

Policy Number _____

I am **not** required to have worker's compensation liability coverage because

☒ I have no employees covered by the law

☐ Other (Specify) _____

Section A: Applicant

Individual:

If applicable, complete this question and Part II Personal History form, then proceed to Section B.

Name Robert Tessman B

Firs [redacted]

Residence Addre [redacted]

City County State Zip

Residence/m [redacted] Business Phone 612-481-9656

Email addres [redacted]

Partnership:
If applicable, complete the question for general and limited partners, then proceed to section B.
Part II Personal History form is required for each general partner.

First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

Corporation/other organization:
If applicable, complete the questions, then proceed to Section B. ***Attach a copy of the Certificate of Incorporation***

President
First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP
Residence/mobile phone _____ Business phone _____

Vice President
First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

Secretary
First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

Treasurer
First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

Section B: Persons in charge of licensed establishment

General Manager, proprietor, managing partner or any other individual or agent in charge of the establishment.

A Part II Personal History must be completed by each person listed in this section.

First Name Erica Last Name Pointer-Kabett Middle Name _____
Street address 2201 Lexington Ave. N Roseville MN
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

First Name _____ Last Name _____ Middle Name _____
Street address _____
City, State, ZIP _____
Residence/mobile phone _____ Business phone _____

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data, with the exception of driver's license numbers and social security numbers, will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

CONSENT TO BACKGROUND CHECK I hereby consent to and authorize the Roseville Police Department or other qualified service providers in conducting and completing criminal background checks to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the City to consider these records to determine my eligibility for a License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies.

By signing below you certify that the above information is correct. In addition, you acknowledges that you are responsible for reviewing the background and work history of all of your employees, including those that have received a massage therapist license from the City.

Falsification of answers given or material submitted will result in denial of application.

Applicant signature _____ Title Massage Therapist

Date 5/31/23

Subscribed and sworn to before me, a Notary Public, on this 31 day of May, 20 23. My Commission expires on Jan 31, 2027.

Notary signature

KATHLEEN SHARON BRUNO
Notary Public-Minnesota
My Commission Expires Jan. 31, 2027

Notary Stamp

Payment due at the time of application: Annual License Fee $325

A $50 late fee will be required if application and payment are received after May 25, 2023.

Make checks payable to: City of Roseville